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Substitute for Form PTO-875							10	1095,12	L	
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
ARMOST SYTRA					RATE	FEE	l	RATE	FEE	
BASIC FEE					5	OR		<u></u>		
37 CFR 1.16(a)) (OTAL CLAIMS 17 CFR 1.16(c)) minus 20 •				x 5•		OR	× 1			
D7 CFR 1.16(c)) INDEPENDENT CLAIMS					× 5•		OR	z 5 z		
37 CFR 1.16(0)) minus 3 * '						OR	+5 .			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(d))							OR I	TOTAL		
" If the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL		<u> </u>			
CLAI	MS AS AME	NDED -	PART II					47.450		
(Cohumn 2) (Cohumn 3)					SMALL (NTITY _	QR	OTHER SMALL E		
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. 1012411	REMAINING AFTER		NUMBER PREVIOUSLY	EXTRA		TIONAL FEE			TIONAL FEE	
Z Total	MENDMENT	Minus '	PAID FOR	- 7	25.		CR	x. <u>50</u> .		
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~	A				100		OR	. 42		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL			TOTAL		
					ADD'L FEE	L	OR	ADD'L FEE		
	(Calumn 1)	_	(Column 2)	(Column 3)			1			
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3.20.06	(Column 1)		(Column 2)	(Column 3)			ר			
O	CLAIMS REMAINING		HIGHEST	PRESENT	RATE	ADDI- TIONAL	1	RATE	ADDI- TIONAL	
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FIRST PRESENTATION OF MLETIPLE DEPENDENT CLAM (37 CFR 1.16(d))					1		OA	<u> </u>	 -	
PUSI PRESCRIPTION V					TOTAL ADO'L FEE		OR	ADD'L FEE		
• If the entry in col	turno 1 is tess th	an the entry	in column 2. w	rite "O" in column E is tess than 20	3.					

"If the "Highest Number Previously Paid For" IN THIS SPACE is test than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is test than 3, enter "3".

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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